# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only.

#### **COVER PAGE**

Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST)	2019 (TEB 20 (MIDDLE) (10 - 10 S
SOLANKI	MAXI	(,
1. Office, Agency, or Court		100 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Agency Name (Do not use acron		<b>基基验证证证</b> (1.47):
CALIFORNIA NATURAL		
Division, Board, Department, Distr		Your Position
DOGGGR, Dept. of Conservation, Inland District		Supervising Oil and Gas Engineer
		A A A A A A A A A A A A A A A A A A A
▶ If filing for multiple positions, it	st below or on an attachment. <i>(Do</i>	not use acronyms)
Agency:		Position:
2. Jurisdiction of Office (c	heck at least one box)	***************************************
		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		
		Other
3. Type of Statement (Check	k at least one box)	
Annual: The period covered		Leaving Office: Date Left/
December 31, 2018	-	(Check one circle.)
<b>-or-</b> The period covered	is, thr	ough O The period covered is January 1, 2018, through the date of
December 31, 2018		-or- leaving office.
Assuming Office: Date ass	umed/	The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office	sought, if different than Part 1:
4. Schedule Summary (mu	ıst complete) ► Total nı	ımber of pages including this cover page:
Schedules attached		
Schedule A-1 - Investmer	ats – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investmer		Schedule D - Income – Gifts – schedule attached
☐ Schedule B - Real Prope		Schedule E - Income – Gifts – Travel Payments – schedule attached
-or- ☐ None - No reportab	ole interests on any schedule	
5. Verification		
MAILING ADDRESS STREE		SITY STATE ZIP CODE
(Business or Agency Address Recommend		refield CA 02200
4800 Stockdale Highway  DAYTIME TELEPHONE NUMBER	Ваке	ersfield CA 93309
( 661 ) 326-6008		max.solanki@conservation.ca.gov
I have used all reasonable diligend	ce in preparing this statement. I havules is true and complete. I acknow	ve reviewed this statement and to the best of my knowledge the information contained
•	•	California that the foregoing is true and correct.
		N A A A A A A A
Date Signed <u>2/27/2019</u>		Signature Wolarlin
	, day, year)	(File the originally signed paper statement with your filing official.)

## **SCHEDULE A-1** Investments

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION				
Name				
Maxi Solanki				

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
Apple	Facebook			
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
Technology Company	Technology Company			
FAIR MARKET VALUE	FAIR MARKET VALUE			
\$2,000 - \$10,000 \$10,001 - \$100,000				
<b>※</b> \$100,001 - \$1,000,000 ☐ Over \$1,000,000	X \$100,001 - \$1,000,000 Over \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT  Stock Other			
Stock Other(Describe)	(Describe)			
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
01 , 01 , <b>18</b>	01 / 01 / 18/_ / 18			
ACQUIRED DISPOSED	ACQUIRED DISPOSED			
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
Netflix	Microsoft			
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
Online Movies, TV and Serial shows	Software and Technology			
FAIR MARKET VALUE	FAIR MARKET VALUE			
<u>\$2,000 - \$10,000</u> <u>\$10,001 - \$100,000</u>	\$2,000 - \$10,000 \$10,001 - \$100,000			
	<b>▼</b> \$100,001 - \$1,000,000 ☐ Over \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT  Stock Other			
X Stock Other(Describe)	(Describe)			
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
<u>01 , 01 , <b>18</b> </u>	01 / 01 / 18/_ / 18			
ACQUIRED DISPOSED	ACQUIRED DISPOSED			
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
FAIR MARKET VALUE	FAIR MARKET VALUE			
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000			
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT			
Stock Other	Stock Other			
(Describe)	(Describe)			
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
/ / 18 //_18				
ACQUIRED DISPOSED	ACQUIRED DISPOSED			
Comments:				